



**Sunny Hills  
Behavioral Health**

*Providing comprehensive  
behavioral health services.*

140 E. Commonwealth Ave, Suite 101  
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(714)773-4111 Fax (714)773-4222

**Authorization To Release Information**

By signing this form, I authorize the release/exchange of all my private and/or psychiatric records to/from Sunny Hills Behavior Health.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone/fax

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_